

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10		1				
11						
12						
13						
14						
15						
16						
17						
18						
19	1					
20		1				
21						
22						
23						
24						
25						
26						
27		1				
28						
29	1					
30		1				
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42	1					
43		1				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53						
54						
55						
56						
57	1					
58		1				
59						
60						
61						
62		1				
63	1					
64		1				
65						
66						
67						
68						
69						
70						
71						
72		1				
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.	G3					
TOTAL CLAIMS	72					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS